Special Health Care Needs List of Professionals

Instructions: Please use the form to list professionals providing services to Special Health Care Needs participants. Mail or fax form to: Special Health Care Needs, 930 Wildwood, PO Box 570, Jefferson City, MO 65102/(573) 751-6237. Attach additional sheets if necessary using the same format. If you have any questions, contact the Provider Service Representative at (573) 751-6246.

Provider Name	Specialty	License Number	License Expiration Date